Childhood Obesity Action Plan

Prepared for Jeremy Hunt – Secretary of State for Health

An effective strategy to prevent obesity in children, by changing the food environment (modelled on the successful salt reduction programme in the UK by CASH and the Food Standards Agency)

- In the UK, one in five 10-11 year olds are now obese and one in three is overweight
- At present, the costs of obesity and type II diabetes are estimated at approximately £29billion a year, and given the number of children who are now obese, this figure is predicted to rise exponentially

Background

Obesity in children is almost entirely due to the food environment, and this is an unacceptable situation. Obesity is totally preventable if the food environment is changed, yet the current policies are not working, and require an immediate and forceful coherent strategy that will work.

Obesity in children leads to the premature development of cardiovascular disease, stroke, heart attacks and heart failure, which are the commonest cause of death and disability in the UK. Furthermore, obesity predisposes to type II diabetes, which further increases the risk of cardiovascular disease and also, importantly, it can lead to severe complications i.e. the commonest cause of blindness, renal dialysis and amputation of the lower limbs. These complications are extremely expensive to manage, and will overwhelm the health service if the increase in obesity and type II diabetes is not stopped.
More immediately, obesity in children leads to social exclusion and once established is extremely difficult to reverse. Indeed in adults the only effective solution to treating obesity is bariatric surgery, which is expensive and carries operative risks and long term complications.

It is vital therefore that obesity in children is prevented, as once it has developed it is too late to reverse.

The underlying cause of obesity in children is the food and drink environment

Obesity in childhood is strongly linked to the constant availability and consumption of ultra-processed foods and sweetened soft drinks. These calorie-dense foods have no nutritional value, and are laden not only with sugar, but saturated fat and salt, leading to raised cholesterol and blood pressure, which further increases the risk of cardiovascular disease.

Sugar that is added by the food industry is a major hidden source of calories in many foods and is an unnecessary source of calories that contribute directly to type II diabetes and dental caries. Some studies suggest that sugar, particularly in sweetened soft drinks, is a key factor in the development of obesity, particularly in children, as it appears to stimulate the appetite and gives no feeling of satiety or fullness. There is a direct and causative relationship between sugar and dental caries. Although fluoridation has a small impact, it merely delays the onset of caries, so that in the end all adults develop caries. Caries is a major cause of pain in children, and a major cost burden to the health service which could be avoided if sugar consumption were reduced.

The constant availability, cheapness and overwhelming marketing of ultra-processed foods and soft drinks have changed the food environment in the last 20 years, and efforts to control it have been weak and totally ineffectual.

The current policies are not working

The current policies such as the Responsibility Deal, where the food industry has pledged to reduce calories but can then decide what they do, has not had any effect on calorie intake
on a public health scale. Curbs on the advertising and marketing of sugar-laden unhealthy ultra-processed foods have not worked and have been bypassed by the food industry. A radical but simple solution is required which, if necessary, needs to be enforced by the Government in order to deal with this crisis. There are seven key actions that we feel are required to prevent obesity. They need immediate implementation in view of the gravity of the situation, and the intransigence of the sweetened soft drink and ultra-processed food industry both in the UK and worldwide.

Nevertheless the sweetened soft drink and food industries are starting to acknowledge their role in causing the obesity pandemic worldwide, and also realise that it is entirely their responsibility to reverse it. The more ethically responsible companies, including the leading retailers, want to do something provided it does not affect their profit margins, and indeed many see opportunities for the marketing of more healthy food. This is evidenced by the success of the voluntary reformulation with salt reduction. There is no reason why more healthy food, without the current large amounts of sugar, saturated fat and salt, cannot be just as profitable, but it requires a very forceful Government with strong leadership to bring about a sea-change in the philosophy of the whole soft drink and food industry.

**Key actions required to prevent obesity in children:**

1. Reduce added sugars by 40% by 2020 by reformulating (similar programme to salt)
2. Cease all forms of marketing of ultra-processed, unhealthy foods and drinks to children
3. Disassociate physical activity with obesity via banning junk food sports sponsorships
4. Reduce fat in ultra-processed foods, particularly saturated fat – 15% reduction by 2020
5. Limit the availability of ultra-processed foods and sweetened soft drinks as well as reducing portion size
6. Incentivise healthier food and discourage drinking of soft drinks by planning to introduce a sugar tax
7. Remove responsibility for nutrition from the Department of Health and return it back to an independent agency
The UK has the potential to lead the world in preventing obesity, as it has done with blood pressure via the salt reduction programme, which is being adopted throughout the world. The salt reduction programme was successful under the Food Standards Agency because the agency provided a level playing field, where each company knew that the others were going to have to do the same; therefore a voluntary policy could be successful. This may be more difficult with the above key actions for obesity, so it is essential that there are punitive measures in place if the food industry does not comply.

**Action 1 – Reduce added sugars in foods by 40% by 2020**

**Scientific rationale**

Removing 100kcal from the diet has been predicted to prevent the development of obesity and type II diabetes\(^4\).

The average consumption of added sugar in children aged 11-18 years in the UK is 74.2g/day\(^5\) which is the equivalent of 297kcal and contributes to 15.6% of children’s energy intake. A 30-40% reduction in added sugar with no substitution would reduce calorie intake on average by 100kcal/day per child\(^6\). It should also be noted that this policy would particularly benefit children from lower income households who currently consume more added sugar than children in higher income households.

**Implementation**

100kcal could be removed from the diet by 2020, by gradually reducing added sugar in all products by 10% each year, working towards targets set for each category of food and drink. This has successfully been achieved, voluntarily, with the salt reduction programme in the UK, which is predicted to be saving 9,000 lives a year\(^7\).

We would recommend that sugar targets are set for sugar-sweetened soft drinks in the first instance, followed by all the contributors of added sugar in the diet. The top 5 contributors of added sugar intake among children (11-18 years) are: sweetened soft drinks (29%), sugar and chocolate confectionary (13%), buns, cakes, pastries, fruit pies and puddings (8%),
biscuits (7%) and breakfast cereals (6%). In solid products this will cause a reduction in serving size.

With this incremental slow reduction in the amount of sugar being added, there does not need to be substitution with artificial sweeteners, so taste receptors will adjust and the UK population will get used to a lower sugar taste, just as has occurred with salt. We predict there will be no rejection of lower sugar products, nor loss of sales, if the same approach is taken. Artificial sweeteners can be used as a temporary measure to more rapidly reduce sugar, but the sweetness of the product must also be reduced so that the taste receptors still adjust.

**Action 2 – Ban all HFSS food and drink marketing to children**

There is a clear association between food marketing and the rise in childhood obesity. Currently in the UK, broadcast advertising still continues to be the most dominant promotional channel of unhealthy food promotion.

**Broadcast:** Ofcom introduced limits on broadcast advertising to children for high fat, salt or sugar foods (HFSS) around programmes “of particular appeal to children”. However these restrictions have not protected children, because the current restriction only applies to programmes where children make up 20% higher proportion of the audience than they do of the general population. This means that the advertising of sweetened soft drinks and ultra-processed fast food occurs in the early evening programmes, which are some of the ones most watched by children, including soaps, game shows and reality TV shows. Indeed about 70% of the television that children watch is outside the hours of ‘children’s TV’ that these rules cover.

There must therefore be a total ban on advertising of ultra-processed foods that are high in saturated fats, sugar and salt, and sweetened soft drinks, to protect children.

**Non-broadcast:** The emergence of new media channels with the Internet, including social media and mobile telephone services, offer less visible but highly direct targeted marketing messages and are rapidly gaining share of marketing spend. Children use a mix of media much earlier in their lives than previously thought and indeed, because of some of the
restrictions of broadcast marketing, many companies have now focused much more strongly on non-broadcast marketing i.e. a deliberate evasion of the restrictions on TV advertising.

There are currently no legal restrictions on non-broadcast unhealthy food marketing aimed at children. However, in March 2011, the UK Code of Non-Broadcast Advertising, Sales Promotion and Direct Marketing was extended to include online advertising, with a two year review period. Disappointingly, although the code is designed to ensure advertising is “legal, decent, honest and truthful” it does not protect or promote children’s health\textsuperscript{11}. This is not surprising, as the code is funded by the food industry and depends on complaints from members of the public or civil society organisations, and lacks any effective sanctions. These companies use clever marketing ploys such as advertising by games, which would be illegal on television.

There must therefore be a regulatory system to protect children under 16 from the marketing of unhealthy food and drink products, as defined by the current FSA/Ofcom nutrient profiling model. This should be monitored and enforced by a body independent of the advertising industry, and not funded by the food industry.

**Action 3 – Dissociate physical activity with obesity and junk food sponsorship with sport**

It is widely accepted amongst the lay public and media that consuming more calories than we burn is the cause of the obesity epidemic, and thus the solution is to do more exercise. This is not correct. Obesity is due to eating too many calories, particularly food and soft drinks that give no feeling of satiety or fullness.

In recent years many food and drink companies have, not surprisingly, pushed the physical activity message, and companies that are responsible for the obesity epidemic now sponsor major sporting events e.g. the Olympics. Regular physical activity does have beneficial effects but there has been little change if any in our levels of physical activity in the past three decades, whilst levels of obesity has increased\textsuperscript{12,13,14}. 

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The association of ultra-processed food and soft drinks with sport and celebrity endorsement is wrong and gives the wrong message, particularly to children. A child eating a burger and chips, washed down with a sugary drink, followed by a bar of chocolate and crisps, would need to run half a marathon to burn off the calories consumed.

**Action 4 – Incremental Fat Reduction**

Fat is a major source of calorie intake; we propose an incremental fat reduction programme similar to the salt and sugar reduction programme, to reduce fat by 15% by 2020 in all products. This should particularly focus on saturated fat, as this is the major factor controlling cholesterol levels (which is the third cause of death globally, through the vascular disease it causes, which leads to both strokes and heart attacks and peripheral vascular disease. The current saturated fat pledge is not nearly sufficient to address this issue, and incremental fat targets need to be met.

**Action 5 – Ban High Fat, Sugar and Salt (HFSS) food and drink at the checkouts and restrict availability**

Some 87% of children aged 7-15 go shopping with their parents\(^1\)\(^5\) and badger their parents to purchase very unhealthy foods which are displayed at the checkout where customers are waiting to pay. Therefore in-store food environments are designed to entice them to make unhealthy food choices. Indeed, a recent survey of approximately 2,000 adults in the UK showed that 83% have been pestered by their children to buy HFSS food and drinks at the checkouts and 75% of those parents had given in to their children and purchased something due to being pestered\(^1\)\(^6\). Another study confirmed that over 90% of adults think that HFSS at the checkouts contributes to obesity (in both adults and children) and do not wish to be tempted. It may be of some interest that Asda recently unintentionally admitted that two-thirds of their checkouts are guilt-laden\(^1\)\(^7\). Supermarkets are understandably reluctant to do anything about this unless there is a level playing field, although Lidl has now doubled the number of ‘Healthy Tills’ in stores nationwide to 1,200 after 70% of the 1,294 customers surveyed said they would prefer to use a Healthy Till for their family food shop\(^1\)\(^8\), and Tesco
has decided to remove all full-sugar options from checkouts\textsuperscript{19}, but this will have little impact on reducing calorie intake.

Banning HFSS (as defined by the current FSA/Ofcom nutrient profiling model) at the checkout will create a level playing field, and also be beneficial to retailers, as 56\% of people would more likely shop at a supermarket if it were to ban unhealthy food at the checkouts\textsuperscript{16}. This policy would also mean that retailers and other stores would have to stop undermining parents’ efforts to give their children a healthy diet. Provided this was properly enforced, so that there would be a level playing field, supermarkets would be likely to agree to this. If not met, it should be enforced.

**Action 6 – Start to plan legislation for a sugar tax**

If the above policies are not adopted by the food industry or they do not comply with them, then there must be an introduction of a sugar tax, and legislation needs to be initiated. This is because the cheap and abundant availability of highly calorific food, compared with fresh fruit and vegetables which are expensive, provide a strong financial disincentive to individuals pursuing a healthy balanced diet. This is particularly the case with the more socially-deprived people, who eat more salt, sugar and fat, and now die approximately 15 years before those who are better educated; and they die predominantly from premature cardiovascular disease. Although we understand concerns that a food tax could be regressive, we feel, on balance, that it is not as regressive as having a significantly shorter life expectancy (10-15 years).

**Action 7 – Move responsibility of nutrition back to an independent agency**

As nutrition is now the major cause of death and disability in the UK, it is vital that responsibility for nutrition is handed back to an independent agency that can carry out a scientifically-backed programme which is not subject to constant change, and political interference.

The Food Standards Agency, in conjunction with Consensus Action on Salt and Health, was responsible for setting up the leading salt reduction policy that is now being copied all over
the world i.e. the gradual reduction of salt intake in the UK by the setting of progressive salt targets - so called ‘incremental voluntary reformulation’. This has resulted in a reduction in the salt intake in the UK population by at least 15%, and most products in the supermarket have now been reduced by between 20 and 40%. This has resulted in a reduction of blood pressure in the population which has made a major contribution to the reduction in stroke, heart attack and heart failure deaths that have occurred over this time.

Unfortunately, the responsibility for nutrition was removed from the Food Standards Agency back to the Department of Health in 2010. This was a severe setback for public health nutrition, in that although the salt targets that had already been set by the Food Standards Agency for 2012 were kept, no further salt targets were set until recently, causing a delay to the salt reduction programme of over 3 years.

The rest of the Food Network Responsibility Deal has not worked, and indeed feedback from supermarkets has shown that they do not regard it as fit for purpose. They do not like the fact that there is not a level playing field e.g. for the Calorie Pledge, and there is no real feeling that there is any proper policing of what they have done, and no feeling of any threat whatsoever if the more irresponsible manufacturers do not comply. Very little in fact has been done over the last 4-5 years, which is a tragedy given the fact that by far the biggest cause of death and disability in the UK is due to the food we eat, through its very high salt, sugar and fat content, and the lack of fruit and vegetables. It is therefore vital that a much more robust mechanism is set up.

Responsibility for nutrition should be handed back to the Food Standards Agency. The FSA had an Independent Scientific Board which decided policy after looking at all the evidence, and then that policy remained in force without being swayed by different ministers, governments or the soft drink and food industry. A possible, but much weaker, alternative would be to hand over nutrition to Public Health England, but with a clear remit that it would be independent of ministerial control. The current system is not going to work for either salt, sugar or calorie reduction, and must be reformed, as the food industry cannot be allowed to be responsible for solving the crisis in obesity and type II diabetes which it has created.
If the above seven actions are implemented, this will prevent both children and adults becoming obese and would be a fantastic opportunity for the UK to lead the world in public health. The government and ministers responsible would receive a huge amount of positive publicity, and this could be an important factor in the next election. If no action is taken, it is likely to have a negative effect on the perception of the Government given the huge media interest in obesity, type II diabetes, nutrition and sugar.

We look forward to working with you to prevent obesity in children and adults.
References:


